December 10, 2003

NOTES FROM SAN DIEGO PSYCHIATRIC SOCIETY COUNCIL FEEDBACK (to LTCIP presentation, available on the web site or by calling Evalyn Greb at 858-495-5428)

1. In the 60's, state mental hospitals were closed based on the premise that it would be more cost effective to support the needs of the mentally ill in the community. Many state hospitals were closed but appropriate dollars for community care were not forthcoming. The result is seen in the increased number of mentally ill homeless individuals throughout the state today.
2. Public funding streams are one thing to pool, but how will private sources like LTC insurance be able to be included? Also, if San Diego creates an attractive and improved system, aged and disabled persons across the country may move here causing adverse selection with a sicker, more expensive population.
3. It is critical to have psychiatrists involved in this planning process. When Heartbeat (another integrated project locally) was being planned, there were problems getting psychiatric participation with many turf and control issues resulting in resistance to change. The lack of psychiatric engagement was due to the inflexibility on reimbursement rates for the project. There has also been much research showing that wraparound services only improve care when delivered in combination with appropriate primary care. Given the poor reimbursement for CA and San Diego for mental health services, it appears that a substantial infusion of new dollars will be needed to really improve the system.
4. It is important to be thoughtful about how physicians are reimbursed. Consultation is often an integral part of making the treatment plan successful for a consumer, so reimbursement methodology needs to include other than face-to-face reimbursement.
5. Is there sufficient funding? If physical health and mental health funds are pooled, will one lose to the other?
6. Major insurance companies with all their actuarial and research resources are backing out of Medicare HMOs. Why do we think we can make such a large project work locally if they can't?
7. The Institute of Medicine reports that the aged and disabled population is 5 to 7 times as expensive to treat as middle-aged adults and that is why the Medicare HMOs have gone under. Do we know what the actual costs are for this group now?